



CHINCHILLA STATE HIGH SCHOOL

RPL APPEALS FORM

Name: _____

Date of Original RPL Application: _____ **Course Name:** _____

Complete the following to indicate the decisions against which you wish to appeal.

Learning Element or Competencies		Summary of the reasons for your appeal (list the additional information you will present as part of your appeal)	Office Use Only		
No.	Description		Assessor's Comments and Recommendations	Competent	Not Yet Competent

Applicant's Signature: _____ **Date:** _____

RPL NOTIFICATION

Recognition of prior learning is granted for the learning elements/competencies _____ (insert details)

is not granted for the learning elements/competencies _____ (insert details)

because _____

Assessor's Signature: _____ **Date:** _____